



MCOLLES INFORMATION AND TRACKING NETWORK

Basic Training Academy

USER AGREEMENT ADDENDUM

This document will serve as an Addendum to the **original** User Agency Agreement previously entered into between MCOLLES and the User Agency. Execution of this Addendum implies that the agency will abide by all of the terms previously entered into between the User Agency and MCOLLES. It will become a permanent part of the User Agency Agreement. The Security Agreement can be viewed and printed from the MCOLLES web site. **THIS FORM MUST BE SIGNED BY THE USER AGENCY HEAD.**

I. Agency (This section must be filled out.)

Agency Name (User Agency):	
Street Address:	
City/State/Zip Code:	
Telephone Number:	Fax Number:

II. Change in Agency Head

Name of Previous Agency Head:	
Name of New Agency Head:	
E-Mail Address:	
Telephone Number:	Fax Number:

III. Change in Single Point of Contact

Name of Single Point of Contact:	
Title:	
E-Mail Address:	
Telephone Number:	Fax Number:

IV. Rescind Operator Rights For:

Retain Operator Rights For:

Name:	Name:
Name:	Name:
Name:	Name:

PLEASE NOTE: All NEW operators must fill out an Operator Agreement. Go to www.michigan.gov/mcoles for further information.

User Agency Head Signature:	Date:
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FAX completed document to:

Licensing Services Section
Michigan Commission on Law Enforcement Standards
Fax: 517-322-9926